










# NON-MEDICARE RETIREE RATES

## Monthly GIC Plan Rates as of July 1, 2006

	10%		15%	
	<i>Non-Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS<sup>1, 2</sup></i>		<i>Non-Medicare Retirees Retired After July 1, 1994</i>	
<b>BASIC LIFE INSURANCE ONLY</b> (\$5,000 coverage)	\$0.69		\$1.03	
<b>HEALTH CARE PLAN PREMIUM</b> (Including Basic Life Insurance)	RETIREE PAYS		RETIREE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
<b>Commonwealth Indemnity Plan Basic with CIC</b> (Comprehensive)	\$94.83	\$220.05	\$127.00	\$294.74
<b>Commonwealth Indemnity Plan Basic without CIC</b> (Non-Comprehensive)	64.37	149.39	96.54	224.08
 <b>Commonwealth Indemnity Plan Community Choice</b>	31.98	75.73	47.96	113.59
 <b>Commonwealth Indemnity Plan PLUS</b>	45.88	108.47	68.81	162.71
 <b>Fallon Community Health Plan Direct Care</b>	35.17	83.39	52.75	125.08
 <b>Fallon Community Health Plan Select Care</b>	41.38	97.23	62.07	145.84
 <b>Harvard Pilgrim Independence Plan</b>	45.74	109.59	68.60	164.38
 <b>Health New England</b>	36.90	90.42	55.35	135.62
 <b>Navigator by Tufts Health Plan</b>	45.69	109.90	68.53	164.85
 <b>NHP Care</b>	37.12	97.17	55.67	145.74
 <b>NHP Community Care</b>	33.91	88.66	50.86	132.99

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from monthly Retiree Pays premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.



This symbol indicates a Select & Save Plan

**For Retired Municipal Teacher (RMT) rates, see separate rate sheet.**

# MEDICARE RETIREE RATES



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

## Monthly GIC Plan Rates as of July 1, 2006

	10%	15%
	Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS <sup>1, 2</sup>	Medicare Retirees Retired after July 1, 1994
<b>BASIC LIFE INSURANCE ONLY</b> (\$5,000 coverage)	\$ 0.69	\$ 1.03
<b>HEALTH CARE PLAN PREMIUM</b> (Including Basic Life Insurance)	PER PERSON	PER PERSON
Commonwealth Indemnity Plan Medicare Extension (OME) with CIC (Comprehensive)	\$44.41	\$61.57
Commonwealth Indemnity Plan Medicare Extension (OME) without CIC (Non-Comprehensive)	34.34	51.50
Fallon Senior Plan Preferred <sup>3</sup>	16.02	24.02
Harvard Pilgrim Health Care First Seniority <sup>3</sup>	19.33	28.98
Health New England MedRate	39.36	59.03
Tufts Health Plan Medicare Complement	33.96	50.93
Medicare Preferred <sup>3</sup>	15.58	23.36

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from monthly Retiree Pays premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

<sup>3</sup> Benefits and rates are subject to change January 1, 2007.

## RETIREE BENEFITS – Medicare and Non-Medicare Retirees

### GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member

COVERAGE TYPE	MONTHLY PREMIUM
SINGLE	\$27.13
FAMILY	\$64.69









### RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment\*


RETIRED EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 70	\$ 1.63	\$ 1.21
70-74	3.04	2.33
75-79	7.61	5.82
80-84	14.36	10.97
85-89	22.74	17.37
90-94	32.61	26.40
95-99	71.23	57.64
Ages 100 and over	136.57	110.51

\* Only available to retirees who meet certain criteria as outlined in the Benefit Decision Guide.

# EMPLOYEE RATES

Monthly GIC Plan Rates as of <i>July 1, 2006</i>	15%	
	<i>For Employees Hired On or before June 30, 2003</i>	
<b>BASIC LIFE INSURANCE ONLY</b> (\$5,000 coverage)	\$1.03	
<b>HEALTH CARE PLAN</b> (Including Basic Life Insurance)	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Commonwealth Indemnity Plan Basic <i>with</i> CIC (Comprehensive)	\$127.00	\$294.74
Commonwealth Indemnity Plan Basic <i>without</i> CIC (Non-Comprehensive)	96.54	224.08
 Commonwealth Indemnity Plan Community Choice	47.96	113.59
 Commonwealth Indemnity Plan PLUS	68.81	162.71
 Fallon Community Health Plan Direct Care	52.75	125.08
 Fallon Community Health Plan Select Care	62.07	145.84
 Harvard Pilgrim Independence Plan	68.60	164.38
 Health New England	55.35	135.62
 Navigator by Tufts Health Plan	68.53	164.85
NHP Care	55.67	145.74
 NHP Community Care	50.86	132.99

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.

 This symbol indicates a Select & Save Plan

## 20%

*For Employees Hired  
After June 30, 2003*

\$1.37

INDIVIDUAL COVERAGE	FAMILY COVERAGE
\$159.18	\$369.43
128.72	298.77
63.95	151.45
91.74	216.94
70.32	166.77
82.75	194.45
91.47	219.17
73.79	180.82
91.37	219.79
74.23	194.32
67.81	177.31

## LONG TERM DISABILITY RATES\*

ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY PREMIUM Per \$100 of Monthly Earnings
Under 20	\$ 0.10
20 - 24	0.10
25 - 29	0.12
30 - 34	0.17
35 - 39	0.22
40 - 44	0.41
45 - 49	0.60
50 - 54	0.84
55 - 59	1.06
60 - 64	0.96
65 - 69	0.45
70 and over	0.25

## GIC DENTAL/VISION PLAN RATES

*For Managers, Legislators, Legislative Staff and Certain  
Executive Office Staff\**

	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO PLAN	\$ 3.52	\$10.91
INDEMNITY PLAN	\$ 4.96	\$15.36

\* Only available to active employees who meet certain criteria as  
outlined in the GIC Benefit Decision Guide.

## OPTIONAL LIFE INSURANCE RATES\*

*Including Accidental Death and Dismemberment*

ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.09	\$0.05
35 - 44	\$0.13	\$0.06
45 - 49	\$0.24	\$0.09
50 - 54	\$0.38	\$0.15
55 - 59	\$0.58	\$0.23
60 - 64	\$0.88	\$0.34
65 - 69	\$1.57	\$0.83
Age 70 and over	\$2.81	\$1.30